

County: Shawano  
HEARTLAND HEALTH CARE CENTER - SHAWANO  
1436 SOUTH LINCOLN STREET

Facility ID: 8130

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SHAWANO 54166 Phone: (715) 526-6111  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 100  
Total Licensed Bed Capacity (12/31/01): 110  
Number of Residents on 12/31/01: 80

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 89

Corporation  
Skilled  
No  
Yes  
Yes  
89

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	46.3		
Supp. Home Care-Personal Care	No					More Than 4 Years	38.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.8		15.0		
Day Services	No	Mental Illness (Org. /Psy)	18.8	65 - 74	6.3				
Respite Care	Yes	Mental Illness (Other)	3.8	75 - 84	40.0		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.3	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.5	95 & Over	8.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	5.0			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	7.5		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	17.5	65 & Over	96.3				
Transportation	No	Cerebrovascular	13.8			RNs		11.3	
Referral Service	No	Diabetes	3.8	Sex	%	LPNs		7.6	
Other Services	Yes	Respiratory	6.3			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	21.3	Male	40.0	Aides, & Orderlies			
Mentally Ill	No			Female	60.0				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

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#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.9	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	14	100.0	309	47	88.7	88	0	0.0	0	12	92.3	126	0	0.0	0	0	0.0	0	73	91.3
Intermediate	---	---	---	5	9.4	74	0	0.0	0	1	7.7	126	0	0.0	0	0	0.0	0	6	7.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		53	100.0		0	0.0		13	100.0		0	0.0		0	0.0		80	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	8.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	16.3	58.8	25.0	80
Other Nursing Homes	0.4	Dressing	21.3	48.8	30.0	80
Acute Care Hospitals	90.3	Transferring	26.3	48.8	25.0	80
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	30.0	45.0	25.0	80
Rehabilitation Hospitals	0.7	Eating	72.5	11.3	16.3	80
Other Locations	0.0	*****				
Total Number of Admissions	277	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.5	Receiving Respiratory Care		15.0
Private Home/No Home Health	51.6	Occ/Freq. Incontinent of Bladder	25.0	Receiving Tracheostomy Care		2.5
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	20.0	Receiving Suctioning		1.3
Other Nursing Homes	5.3			Receiving Ostomy Care		1.3
Acute Care Hospitals	28.6	Mobility		Receiving Tube Feeding		2.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.5	Receiving Mechanically Altered Diets		20.0
Rehabilitation Hospitals	0.0					
Other Locations	2.5	Skin Care		Other Resident Characteristics		
Deaths	12.0	With Pressure Sores	5.0	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	5.0	Medications		
(Including Deaths)	283			Receiving Psychoactive Drugs		37.5

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.2	80.3	1.00	83.5	0.96	84.4	0.95	84.6	0.95
Current Residents from In-County	82.5	72.7	1.14	79.2	1.04	75.4	1.09	77.0	1.07
Admissions from In-County, Still Residing	10.5	18.3	0.57	22.5	0.47	22.1	0.47	20.8	0.50
Admissions/Average Daily Census	311.2	139.0	2.24	125.7	2.48	118.1	2.64	128.9	2.41
Discharges/Average Daily Census	318.0	139.3	2.28	127.5	2.49	118.3	2.69	130.0	2.45
Discharges To Private Residence/Average Daily Census	164.0	58.4	2.81	51.5	3.19	46.1	3.56	52.8	3.11
Residents Receiving Skilled Care	92.5	91.2	1.01	91.5	1.01	91.6	1.01	85.3	1.08
Residents Aged 65 and Older	96.3	96.0	1.00	94.7	1.02	94.2	1.02	87.5	1.10
Title 19 (Medicaid) Funded Residents	66.3	72.1	0.92	72.2	0.92	69.7	0.95	68.7	0.96
Private Pay Funded Residents	16.3	18.5	0.88	18.6	0.87	21.2	0.77	22.0	0.74
Developmentally Disabled Residents	0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	22.5	36.3	0.62	35.8	0.63	39.5	0.57	33.8	0.67
General Medical Service Residents	21.3	16.8	1.27	16.9	1.26	16.2	1.31	19.4	1.09
Impaired ADL (Mean)	46.0	46.6	0.99	48.2	0.95	48.5	0.95	49.3	0.93
Psychological Problems	37.5	47.8	0.78	48.7	0.77	50.0	0.75	51.9	0.72
Nursing Care Required (Mean)	6.6	7.1	0.92	6.9	0.95	7.0	0.93	7.3	0.89